

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 740046

1. Entity Name

TRUE CHURCH OF GOD, INC.



Principal Place of Business

511 DOCTORS DRIVE
OVIEDO FL 32765

Mailing Address

511 DOCTORS DRIVE
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1781891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

DUMAS, CATHERINE
511 DOCTORS DRIVE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUMAS, RUDOLPH	
STREET ADDRESS	525 DOCTORS DR	
CITY- ST- ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIGGS, ROBIN	
STREET ADDRESS	1150 JACKSON STREET	
CITY- ST- ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUMAD, GAIL	
STREET ADDRESS	LONGPINE	
CITY- ST- ZIP	OVIEDO, FLL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUMAS, CATHERINE	
STREET ADDRESS	511 DOCTER DR	
CITY- ST- ZIP	OVIEDO, FLL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUMAS, CATHERINE	
STREET ADDRESS	511 DOCTORS DRIVE	
CITY- ST- ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000264928	
CITY- ST- ZIP	03/16/05-80034-023 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Dumas* **Catherine Dumas 3-11-005-407-365-9556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #